

RI Governor's Commission on Disabilities

Form D 4. Disability Rights Complaint and Mediation Request

HOUSING AND/OR CREDIT DISCRIMINATION

INSTRUCTIONS

HOUSING DISCRIMINATION - if the discriminatory action relates to the sale, rental, or leasing of property, residential dwellings, homes, apartments, condominiums, etc. or discriminatory action relating to obtaining credit (loans, mortgages, etc.).

The Commission does not have the authority to order the agency to stop the discrimination. If you complete this form the Commission will contact the agency, attempt to set up meetings between you, the business and mediators, to allow all the parties to jointly develop a solution to the problem(s).

You should also file a public accommodations or housing discrimination charge with the United States Department of Justice/ Civil Rights Division/ ADA Office; and / or the RI Commission for Human Rights.

If you want the Commission to attempt to resolve your complaint through mediation,

please complete Part 1 . GENERAL INFORMATION (Please Print or Type).....2

the Sections of Part 2 . TYPE OF DISCRIMINATION4

Section A I was unable to participate in services.....4

Section B I asked the agency to make the reasonable modifications of its policies, practices, or procedures checked below, business did not provide:5

Section C I was denied (or restricted in) services.....5

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Section I I am not disabled, but I was subject to discrimination due to my relationship (family, etc.) with a person who is disabled6

also complete Part 3 . DESCRIPTION.....6

and read and sign Part 4 . MEDIATION CONSENT8

then return it to the: **RI Governor's Commission on Disabilities**

41 Cherry Dale Court

Cranston, RI 02920-3049

and keep a completed copy for your records.

If assistance is needed, due to your disability, in completing this form, the Commission's staff will assist. You may also provide the requested information on an audio cassette instead of filing this form.

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Housing and or Credit Discrimination

Part 1 . GENERAL INFORMATION (Please Print or Type)

Your Name:				
Mailing Address:				
Phones [include area code if outside RI]:	Voice #	Fax #	TTY # <input type="checkbox"/>	<input checked="" type="checkbox"/> if you use a tele-text device (TTY/TDD)
Home:				
Work:				

Information of the business or agency you are filing against:			
Business Owner / Manager or Administrator's Name:			
Business/Agency Name:			
Address:			
Phone:	Voice:	Fax	TTY
Please specify the date(s) the alleged discrimination took place:			

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<input checked="" type="checkbox"/> Check off type of business or agency:	
<input type="checkbox"/> commercial facility	<input type="checkbox"/> landlord
<input type="checkbox"/> real estate office	<input type="checkbox"/> single family home (for rent or sale)
<input type="checkbox"/> condominium	<input type="checkbox"/> apartment building
<input type="checkbox"/> public housing authority	<input type="checkbox"/> other multifamily dwelling
<input type="checkbox"/> bank	<input type="checkbox"/> credit union
<input type="checkbox"/> mortgage company	<input type="checkbox"/> credit card issuer
<input type="checkbox"/> or other entity that issues credit or sells or leases property	
Does the agency know you have a disability ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
(if yes, how did the agency find out: did you complete a self- identification of disability/handicap form; verbally advise an employee; etc.)	

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Part 2 . TYPE OF DISCRIMINATION	
<input checked="" type="checkbox"/> Please check off the most appropriate area(s) relating to the action that was taken against you that you believe was discriminatory.	
Section A <i>I was unable to participate in services because:</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> the programs or activities are only provided in older facilities that are not physically accessibility	<input type="checkbox"/> they fail to maintain the access devices /equipment (wheelchair lifts, automatic doors, reading machines, TTYs, etc.)
<input type="checkbox"/> new facilities (built after 1978) are not totally accessibility	<input type="checkbox"/> transportation services are not totally accessible
<input type="checkbox"/> the business altered (renovated) an older facilities but did not make it physically accessible	<input type="checkbox"/> the landlord / property owner refused to remove barriers in common spaces
<input type="checkbox"/> there is not direct tele-text (TTY, TDD, TT) communications to emergency services	<input type="checkbox"/> the facilities lack informational signage in raised letters and/or Braille
<input type="checkbox"/> the business refuses to accept phone calls from the TTY - Telephone relay service	<input type="checkbox"/> OR , the business refuses to call me using the TTY - Telephone relay service, even though I requested that they do so
<input type="checkbox"/> the business never posted (on notices, in letters, on walls of facility, etc.) the procedures for requesting auxiliary aids and/or services	<input type="checkbox"/> the business adopted eligibility criteria that screened out people with disabilities
<input type="checkbox"/> the business failed to relocate activities to an accessible location	
<input type="checkbox"/> the business failed to provide wheelchair accessible seating disbursed throughout assembly areas (meeting rooms, etc.)	<input type="checkbox"/> OR , the business failed to provide companion seating for non wheelchair users adjacent to the wheelchair accessible seating

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Section B *I asked the agency to make the reasonable modifications of its policies, practices, or procedures checked below, business did not provide:* ☒

<input type="checkbox"/> qualified interpreters	<input type="checkbox"/> note takers
<input type="checkbox"/> a transcription of what was said	<input type="checkbox"/> written report of what was said
<input type="checkbox"/> telecommunication devices for the deaf (TTY/TDD)	<input type="checkbox"/> assistive listening devices/systems at meetings and hearings
<input type="checkbox"/> telephones compatible with hearing aids	<input type="checkbox"/> telephone handset amplifiers at phones
<input type="checkbox"/> open and closed captioning of government funded video tapes and TV	<input type="checkbox"/> closed caption decoders on TVs
<input type="checkbox"/> video text displays	<input type="checkbox"/> qualified readers
<input type="checkbox"/> audio recordings of printed material	<input type="checkbox"/> Braille copies of printed material
<input type="checkbox"/> large print versions of printed materials	<input type="checkbox"/> taped texts of printed material
<input type="checkbox"/> modify equipment or devices so I could use them	
<input type="checkbox"/> modify policies to permit service animals	

Section C *I was denied (or restricted in) the:* ☒

<input type="checkbox"/> opportunity to participate in or benefit from services or activities that was available to others who are not disabled	<input type="checkbox"/> opportunity to participate on an advisory board that was available to others who are not disabled
<input type="checkbox"/> taking of a licensing or certification examination that was available to others who are not disabled	<input type="checkbox"/> opportunity to participate in a public hearing that was available to others who are not disabled
<input type="checkbox"/> enjoyment of any right, privilege, advantage, or opportunity provided by the business that was available to others who are not disabled (describe in the space below):	

Section D *I was provided a service that was:* ☒

<input type="checkbox"/> not as effective as others are provided	<input type="checkbox"/> different or separate aids, benefits, or services
<input type="checkbox"/> segregated or not in the most integrated site so I could receive those services with people who are not disabled.	<input type="checkbox"/> that was the same but I was charged an extra fee (a surcharge) for auxiliary aids or services (such as: an interpreter, reader, sighted guide, wheelchair seating, etc.)

Section E *I tried to rent or buy housing, and I was discriminated against:* ☒

<input type="checkbox"/> when the owner refused me housing due to my disability	<input type="checkbox"/> when the owner inquired about my disability prior to offering me housing
<input type="checkbox"/> when I applied for a loan or other financial assistance and was refused due to my disability	<input type="checkbox"/> when I was refused permission to make modifications to my current housing or future housing and pay for them myself
<input type="checkbox"/> when the landlord refused to modify the rules, policies, practices, or services so I can use and enjoy the housing as others do	

Or, the accommodations in housing built after March 13, 1991 are not made:

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<input type="checkbox"/> the hallways and other public areas are not accessible and/or usable	<input type="checkbox"/> the doors used to enter the building and/or to move within it are not wide enough
<input type="checkbox"/> lights switches, electrical outlets, thermostats, etc., are not accessible	<input type="checkbox"/> the bathrooms and kitchens are not big enough to maneuver around in
<input type="checkbox"/> the walls are not reinforced for grab bars (i.e. in bathrooms)	<input type="checkbox"/> accessible parking is not provided
<input type="checkbox"/> if multistory housing, an elevator is not provided	
Section F I was refused a loan, mortgage or credit: <input checked="" type="checkbox"/>	
<input type="checkbox"/> because my income was social security disability or other benefits rather than a salary	<input type="checkbox"/> because I have a disability and the business was afraid I would not be able to keep up my payments
Section G I was charged more for a loan, mortgage or credit: <input checked="" type="checkbox"/>	
<input type="checkbox"/> because my income was social security disability or other benefits rather than a salary	<input type="checkbox"/> because I have a disability and the business was afraid I would not be able to keep up my payments
Section H The discrimination was taken as retaliation for: <input checked="" type="checkbox"/>	
<input type="checkbox"/> filing a complaint	<input type="checkbox"/> assisting or encouraging others to exercise their rights
or, I was subject to coercion (pressure) to :	
<input type="checkbox"/> stop me from filing a complaint	<input type="checkbox"/> get me to withdraw my complaint
<input type="checkbox"/> stop me from assisting or encouraging others to exercise their rights	
Section I I am not disabled, but I was subject to discrimination due to my relationship (family, etc.) with a person who is disabled: <input checked="" type="checkbox"/>	
<input type="checkbox"/> I was subjected to discrimination because of my relationship and/or association with an individual with a disability (child, spouse, parent, companion, etc.)	

Part 3 . DESCRIPTION
<p>Please explain below what action was taken against you that you believe was discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action?</p> <p>Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.</p>
{ Add additional sheets if necessary }

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Have you sought any assistance about the action you think was discriminatory from any other government agency, civil rights enforcement agency or from any other source? (if yes please indicate)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of the source(s) of assistance:				
Address:				
Phone:	Voice:	Fax	TTY	
and the result if any:				

Have you sought the assistance of a lawyer? (if yes please indicate)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of the lawyer:				
Address:				
Phone:	Voice:	Fax	TTY	
Do you wish to be represented by that lawyer during mediation?			YES <input type="checkbox"/>	NO <input type="checkbox"/>

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Part 4 . MEDIATION CONSENT

I understand that the Governor's Commission on Disabilities offers to attempt to quickly resolve disability discrimination complaints through mediation. The Commission will send a copy of this form to the business or agency that I have filed against and urge them to mediate the complaint. The Governor's Commission on Disabilities is not empowered to compel that a business or agency participate in mediation, except a state government agency.

I further understand that I may pursue my complaint before the appropriate state and/or federal civil rights enforcement agency and the federal and state courts, while the Commission attempts to resolve my complaint through mediation. If the mediation is completely successful, the business or agency I have filed against will want any complaints filed with those state or federal civil rights enforcement agencies and/or the state or federal courts withdrawn as part of its settlement of this complaint.

I agree to participate in the Commission's effort to mediate my complaint.

(signature)	(date)

**Return it to the: RI Governor's Commission on Disabilities
41 Cherry Dale Court
Cranston, RI 02920-3049**

and keep a copy of the completed form for you records.

To be completed by the Governor's Commission on Disabilities

Received at the Commission on:

Assigned case #